



CITY OF GREEN BAY

2022 BENEFIT ENROLLMENT BOOKLET

Elections made during open enrollment will become effective January 1, 2022. The City of Green Bay is dedicated to providing you and your family with valuable benefit packages. The City's goal is to balance the needs of employees against the ever-rising cost of health care.

All Employees will be required to complete the online enrollment process, whether you are electing benefits, keeping benefits the same, making changes, or waiving all benefits. Employees waiving health insurance coverage must complete the online enrollment process and select "Decline Benefit". If you do not elect your benefits by the open enrollment deadline, you will be waiving your benefits for the 2022 year.

2022 CHANGES

- Emergency Room copay increase
- 2% increase to Health insurance premiums
- WRS contribution rate changes

**Open enrollment will be held November 10th, 2021 through November 24th, 2021.
Deadline to submit your online enrollment is November 24th, 2021.**

TABLE OF CONTENTS

Benefit Enrollment Definitions and Procedures	2
2022 Eligibility and Benefit Options	3
Health Insurance	4 – 9
Dental Insurance	10
Voluntary Vision Insurance	11
Group Term Life and AD&D Benefits	12
Disability Benefits	13
Financial and Mental Wellness Benefits	14
Employee Assistance Program (EAP)	15
Pre-Tax Savings	16 – 17
2022 Payroll Calendar	18
Quick Reference Guide	19
Required Federal Notices <i>(soft copies available on the Intranet)</i>	20 – 37

BENEFIT ENROLLMENT DEFINITIONS AND PROCEDURES

OPEN ENROLLMENT: During the City's open enrollment period, employees may make changes or apply for benefit coverage for the next calendar year. Enrollment for insurance coverage is subject to requirements of the specific summary plan document, agreements between the vendor and City, or the vendor's requirements. To accommodate requirements the following definitions will apply.

NEW EMPLOYEES: New employees in a benefit eligible position may enroll within 30-calendar days of date of hire for health, dental, long term disability, life, vision and Section 125 FSA. Effective date of coverage is the first day of the month following date of enrollment. Eligibility for benefits is in accordance with each summary plan document.

CURRENT EMPLOYEES: Following initial employment, employees may change or apply for coverage during the City's annual open enrollment for the next calendar year, except in the case of a qualifying event that permits earlier enrollment.

Definition of Full-Time/Part-Time Employee for Health Care Coverage: For purposes of health care coverage, a full-time/part-time employee is defined as an employee in a regular position scheduled to work more than an average of 20-hours per week in a calendar year. If you work more than 20 hours per week, but less than 37.5 hours, your premium will be prorated.

QUALIFYING EVENTS UNDER HIPAA:

- Marital status change: marriage, death of spouse, divorce, annulment or legal separation.
- Number of dependents: birth, adoption, death of dependent child, newly eligible dependents due to plan design change. HIPAA allows employees who elect single coverage initially to not only add a new dependent, but also allows employees to add the spouse at the time the new dependent is added. HIPAA does not require all eligible dependents be added.
- Loss of coverage: if the employee loses other coverage (e.g. Spouse's health plan coverage terminates, or Medicare or Medicaid eligibility ends).
- You have 30 days from the date of the qualifying event to apply for coverage and coverage will be effective the date of the qualifying event.

PREMIUM DEDUCTIONS: Employee benefit deductions will be taken out in 24 equal installments.

SECTION 125 FLEXIBLE SPENDING ACCOUNT (FSA): During open enrollment an employee may enroll in the flexible spending account for the next calendar year. Enrollment eligibility and changes to the flexible spending account during the calendar year are subject to qualifying events.

QUALIFYING EVENTS UNDER SECTION 125

- Dependent status change: dependent no longer satisfies rules for eligibility as a dependent due to attainment of age, loss of student status, marriage of dependent child.
- Employment status: commencement or termination of employment, commencement or return from leave of absence, change from part-time to full-time status or vice versa, strike or lockout.
- Judgment decree or order requiring coverage: QMSCO.
- Change in residence: may qualify if there is a loss of eligibility for a region specific plan.
- Other additional circumstances as allowed under section 125.

REQUIRED FEDERAL NOTICES: Soft copies of the required federal notices are made available of the City of Green Bay's intranet site. You may also refer to the hard copies located in the back of the booklet. Please refer to page 20 – 37. Should you have any questions or concerns pertaining to these forms, please contact a member of Human Resources.

2022 ELIGIBILITY AND BENEFIT OPTIONS

WHO CAN YOU ADD TO YOUR PLAN?

Eligible

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible

- Divorced or legally separated spouse
- Common law spouse
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

When you enroll, add or remove a spouse and/or dependent children to your health and dental plans you need to provide a copy of the following documentation; add spouse—copy of marriage certificate; dependent children—copy of birth certificate(s); and to remove spouse—divorce decree.

Health | 1265

HEALTH ASSESSMENT

You can reduce your health insurance premium and earn Personal Benefit Account (PBA)/Health Savings Account (HSA) dollars by completing a Health Assessment (H.A.). If you carry family coverage your spouse will also help to reduce the health insurance premium by completing an H.A.

The last date to complete your H.A. screening appointment to ensure that you will receive your premium discount for the subsequent calendar year is **September 30, 2022**. If you are a new employee your premium discount will apply after you and, if applicable your spouse takes the H.A.

H.A. includes the screening & MD Sign-off form (if age applicable).

Health | 1265: Under this program you can earn additional premium discounts and incentives for being active and participating in wellness programs and activities.

PERSONAL BENEFIT ACCOUNT/HEALTH SAVINGS ACCOUNT

Employees participating in the City's Health Insurance program can earn \$200-single and \$400-family in their Personal Benefit Account (PBA) or Health Savings Account (HSA) as follows:

INCENTIVE	REQUIREMENT
\$100 for Employee	Employee must complete H.A. and appropriate exams
\$100 for covered Spouse	Spouse must complete H.A. and appropriate exams
\$100 for Employee	\$50 per dental cleaning (employee must submit 2, if on a family plan)
\$100 for covered family member	\$50 per family member dental cleaning

Upload into your Motion Connected account the completed Dental Cleaning Sign-Off Form by **October 31, 2022** to receive your PBA/HSA dollars. Once the form is uploaded you will receive credit under the **Health | 1265** program, if eligible, and corresponding PBA/HSA dollars will be deposited into your account.

HEALTH INSURANCE

UMR (Group Health Self-Funded) UHC Choice Plus Network

OPTION 1: PPO Copay Plan

Embedded Deductible: No single individual on a family plan will pay a deductible higher than the individual deductible amount.

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Single	\$2,250	\$4,500
Family	\$4,500	\$9,000
Deductible Reimbursement Account		
Single		\$500
Family		\$1,000
Out-of-Pocket Maximum		
Single	\$4,500	\$9,000
Family	\$9,000	\$18,000
Coinsurance	80%	60%
Best Value Services		
Routine Preventive Care	FREE	Deductible & Coinsurance
Teladoc (Virtual Care)	FREE	N/A
Bellin Services (Primary Care & Urgent Care)	FREE	N/A
Prevea Services (Primary Care & Urgent Care)	FREE	N/A
REMINDER: Your first Mammogram and/or Colonoscopy will be FREE each calendar year.		
Physician Services	Copay; Then, Deductible & Coinsurance	
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	\$35 Copay	Deductible & Coinsurance
Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Services	Deductible & Coinsurance	Deductible & Coinsurance
For 2022:		
Emergency Room	NEW \$300 Copay (waived if admitted, coded as a true emergency, or was referred to ER from Urgent Care or other Medical Physician)	\$300 Copay (waived if admitted, coded as a true emergency, or was referred to ER from Urgent Care or other Medical Physician)
PRESCRIPTION DRUG	Retail	Mail Order (90 Day Supply)
Generic	\$5 Copay	\$10 Copay
Brand	\$25 Copay	\$50 Copay
Non-Preferred	\$45 Copay	\$90 Copay
Specialty	10% not to exceed \$75 Copay	
NOTE: Prescription Drug Copays track toward Health Insurance Out-of-Pocket Maximum.		

Refer to the Summary Plan Descriptions (SPDs) for detailed medical plan coverage information.

TOTAL MONTHLY RATES

Employee	\$676.14
Family	\$1,637.77

BI-WEEKLY RATES	11.5%		12.5%		13.75%		15%	
	EE	CITY	EE	CITY	EE	CITY	EE	CITY
Employee	\$38.88	\$299.19	\$42.26	\$295.81	N/A	N/A	\$50.71	\$287.36
Family	\$94.17	\$724.71	\$102.36	\$716.53	\$112.60	\$706.29	\$122.83	\$696.05

HEALTH INSURANCE (continued)

UMR (Group Health Self-Funded) UHC Choice Plus Network	OPTION 2: HDHP (with HSA offering) Non-Embedded Deductible: Total Family Deductible must be paid out-of-pocket before Coinsurance will kick in.	
	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Single	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Single	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance	80%	60%
Best Value Services		
Routine Preventive Care	FREE	Deductible & Coinsurance
Teladoc (Virtual Care)	\$49 Per Service	N/A
Bellin Services (Primary Care & Urgent Care)	\$50 Per Visit	N/A
Prevea Services (Primary Care & Urgent Care)	\$75 Per Visit	N/A
REMINDER: Your first Mammogram and/or Colonoscopy will be FREE each calendar year.		
Physician Services		
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	Deductible & Coinsurance	Deductible & Coinsurance
Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Services	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
PRESCRIPTION DRUG	Retail	Mail Order
Generic	Deductible & Coinsurance	Deductible & Coinsurance
Brand	Deductible & Coinsurance	Deductible & Coinsurance
Non-Preferred	Deductible & Coinsurance	Deductible & Coinsurance
Specialty	Deductible & Coinsurance	Deductible & Coinsurance

Refer to the Summary Plan Descriptions (SPDs) for detailed medical plan coverage information.

TOTAL MONTHLY RATES

Employee	\$593.64
Family	\$1,437.96

BI-WEEKLY RATES	11.5%		12.5%		13.75%		15%	
	EE	CITY	EE	CITY	EE	CITY	EE	CITY
Employee	\$34.13	\$262.69	\$37.10	\$259.72	N/A	N/A	\$44.52	\$252.30
Family	\$82.68	\$636.30	\$89.87	\$629.11	\$98.86	\$620.12	\$107.85	\$611.13

UMR WEBSITE | FIND A UMR PROVIDER

1. Go to: www.UMR.com
2. Select "Find a Provider" then, click on the letter "U"
3. Select "UnitedHealthcare Choice Plus Network" then, select "Search for a Medical Provider"
4. Once redirected, select "Address" and enter your zip code along with your preferred mileage radius
 - From here, you can search by your Doctor's name or select the type of Specialty Doctor that you are looking for



A UnitedHealthcare Company

Know what you'll pay before getting care

The health cost estimator allows you to research treatment options and learn about the recommended care and estimated costs associated with your selected treatment option. You can even access quality and efficiency measurements for participating providers.

Refine results
Narrow or expand your search area or refine your search for only preferred providers or by star reviews from actual patients.

View services and costs
You can get an estimate based on your location, provider and remaining out-of-pocket cost. You can also see if a provider is above, below or in line with the local average cost.



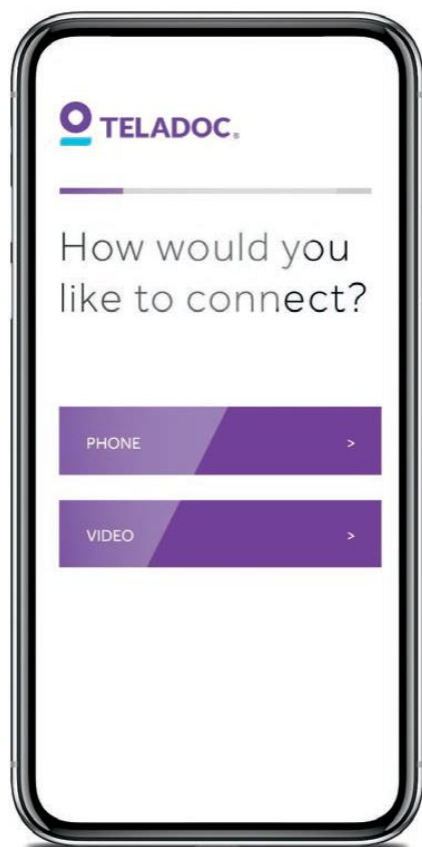
It's easy to get started. Just look for the **Health cost estimator** tile on your personal home page.

© 2021 United Services, Inc. UM1068 0421
No part of this document may be reproduced without permission.



Get well, **sooner.**

Care by phone or video anytime, anywhere.*



Your Teladoc services:

Everyday Care

Talk to a U.S.-licensed doctor for non-emergency conditions 24/7 from anywhere you are.

- Bronchitis
- Flu
- Rashes
- Sinus infections
- Sore throats
- And more

Dermatology

Upload images of a skin issue online or on the app and get a custom treatment plan within 2 days. You can message the dermatologist for 7 days after receiving a plan to ask questions.

- Acne
- Eczema
- Poison ivy
- Rashes
- Rosacea
- And more

CITY OF GREEN BAY MEDICAL PLAN COVERAGE

OPTION 1 (PPO Copay Plan): **FREE!** (Medical)
FREE! (Dermatology)

OPTION 2 (HDHP HSA Plan): **\$49** Fee Per Service (Medical)
\$85 Fee Per Service (Dermatology)

Get started

Download the app



1-800-TELADOC (835-2362) | [Teladoc.com](https://www.teladoc.com)

*Teladoc is not available internationally.

© 2020 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. 10E-211_450438514_03092020

IF YOUR SPOUSE HAS INSURANCE

If you and/or any member of your family is currently enrolled in your employer's medical plan, and you, your dependents (children) or spouse has access to another employer sponsored plan (which may be your spouse's), you may take advantage of the Family Savings Plan by transitioning to the other employer sponsored plan.

WHAT IS THE FAMILY SAVINGS PLAN?

With the Family Savings Plan, you and your family may be reimbursed 100 percent for eligible out-of-pocket health care expenses (including copayments, coinsurance and deductibles) received under another employer sponsored plan (which may be your spouse's). If the services follow these requirements.

- Coverage under your employer's plan is waived (when you enroll in the other plan)
- Services are covered under the other employer's medical plan
- Services are received from Network Health participating providers
 - Or, if you live outside the Network Health service area, medical services may be received from in-network providers for the other plan.

HOW DOES THE FAMILY SAVINGS PLAN WORK?

- If your spouse is offered insurance, they must elect the Family Savings Plan.
 - **Exception:** if your spouse has Aurora or ThedaCare coverage
- You will be **reimbursed 100%** for out-of-pocket expenses if you meet the following:
 - Need to be in-network with spouse's insurance and Network Health
 - Must be a covered service under spouse's insurance

To learn more, please log in to your Employee Self Service (ESS) page:

<https://munisselfservice.greenbaywi.gov/MSS/Default.aspx>

OBTAIN THE RIGHT HEALTH CARE AT THE RIGHT COST

TYPE OF CARE	REASONS TO GO			COST	
				PPO	HDHP
Teladoc (virtual care)	<ul style="list-style-type: none">○ Sinus Infection○ Pink Eye	<ul style="list-style-type: none">○ Cold Symptoms○ Bowel / Digestive	<ul style="list-style-type: none">○ Acne○ Head Lice	\$0 Phone or Video	\$49 Phone or Video
Bellin Virtual Care	<ul style="list-style-type: none">○ Bronchitis○ Influenza	<ul style="list-style-type: none">○ Laryngitis○ Rash	<ul style="list-style-type: none">○ Diaper Rash○ Allergies○ Much More!	\$0 E-Visit or Video	\$0 E-Visit or Video
Bellin Fast Care Ages 18 Months+	<ul style="list-style-type: none">○ Bladder Infection○ Strep Throat○ Mononucleosis	<ul style="list-style-type: none">○ Ear Infection○ Blood Pressure Checks○ Much More!		\$0	\$50
Primary Care	<ul style="list-style-type: none">○ Chronic Disease Management○ Anxiety○ Depression	<ul style="list-style-type: none">○ Nicotine Cessation○ Much More!		\$0 Bellin	\$50 Bellin
				\$0 Prevea	\$75 Prevea
	Reminder: all preventive care visits are \$0				
Therapy Occupational & Physical	<ul style="list-style-type: none">○ Tendonitis○ Sprains○ Rehab	<ul style="list-style-type: none">○ Strains○ Work Injuries○ Chronic Pain		\$10 Bellin	\$10 Bellin
				\$10 Prevea	\$75 Prevea
Urgent Care	<ul style="list-style-type: none">○ Sprains○ Strains	<ul style="list-style-type: none">○ Urgent Health Concerns○ Broken Bones		\$0 Bellin	\$50 Bellin
				\$0 Prevea	\$75 Prevea
Emergency Room <u>or</u> Call 911	<ul style="list-style-type: none">○ Sudden Change In Vision○ Difficulty Breathing○ Severe Head Injury	<ul style="list-style-type: none">○ Chest Pain○ Heavy Bleeding○ Other symptoms Requiring Immediate Attention		\$300 Copay waived if admitted or coded as a true emergency	Deductible and Coinsurance

DENTAL INSURANCE

DENTAL ASSOCIATES (You can only go to Dental Associates locations)

DELTA DENTAL

Deductible		
Single	\$0	\$50
Family	\$0	\$150
Annual Maximum (per person per year)	\$2,500	\$2,500
Preventative Services		
Bite Wing X-Rays		
Cleanings	100%	100%
Oral Exams		
Topical Fluoride		
Sealants		
Basic Services		
All other X-Rays		
Extractions		
Fillings	100%	Deductible; Then, 80%
Oral Surgery		
Periodontics		
Stainless Steel Crowns		
Space Maintainers		
Major Services		
Endodontics		
Full & Partial Denture Repair		
Implants	100%	Deductible; Then, 50%
Inlays/Onlays		
Partial or Complete Dentures		
Porcelain Crowns		
Prosthodontic Services	100%	Deductible; Then, 50%
Removable or Fixed Bridgework		
Orthodontics	50% to \$2,500 Maximum	Deductible; Then, 50% to \$2,500 Annual Maximum
Per course of treatment	(Ortho separate Lifetime Maximum)	

Refer to the Summary of Benefits or Summary of Plan Descriptions (SPD) for detailed dental plan coverage information.

TOTAL MONTHLY RATES

	DENTAL ASSOCIATES	DELTA DENTAL
Employee	\$34.66	\$43.93
Family	\$105.30	\$133.51

BI-WEEKLY RATES	DENTAL ASSOCIATES			DELTA DENTAL		
	MONTHLY	EE	CITY	MONTHLY	EE	CITY
Employee	\$34.66	\$2.16	\$15.17	\$43.93	\$2.73	\$19.23
Family	\$105.30	\$6.58	\$46.07	\$133.51	\$8.34	\$58.41

Delta Dental - FIND A PROVIDER

Go To: <https://www.deltadentalwi.com/s/find-a-provider> (When you see a Delta Dental PPO dentist, your out-of-pocket expense will most likely be the lowest. However, if you see a Delta Dental Premier dentist, you will still see cost savings as opposed to visiting an out-of-network dentist)

VOLUNTARY VISION INSURANCE

Superior Vision

SUPERIOR VISION	FULL SERVICE		MATERIALS ONLY	
Frequency Limitations				
Eye Examination	Once Every 12 Months		Not Covered	
Lenses	Once Every 12 Months		Once every 12 Months	
Frame	Once Every 24 Months		Once every 24 Months	
Contact Lenses	Once Every 12 Months		Once Every 12 Months	
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Exam	100%	Up To \$35	No Coverage	No Coverage
Frames	Up To \$125	Up To \$70	Up To \$125	Up To \$70
Lens Benefit <i>(clear, standard, glass or plastic)</i>		Up To:		Up To:
Single	100%	\$25	100%	\$25
Bifocal	100%	\$40	100%	\$40
Trifocal	100%	\$45	100%	\$45
Contact Lens Benefit		Up To:		Up To:
Medically Necessary <i>(with pre-auth.)</i>	100%	\$150	100%	\$150
Elective <i>(in lieu of spectacle glasses)</i>	Up To \$150	\$125	\$150	\$125

Refer to the Summary of Benefits (SBC) for detailed medical plan coverage information.

BI-WEEKLY RATES	FULL SERVICE	MATERIALS ONLY
Employee	\$3.95	\$2.80
Limited Family	\$7.91	\$5.58
Family	\$10.48	\$7.39

NOTE: Limited Family is defined as Employee + Spouse or Employee + Child(ren)

SUPERIOR VISION - FIND A PROVIDER

Go To: https://www.superiorvision.com/member/locate_provider

1. Click on "Find a Provider"
2. Enter location
3. Coverage Type "Insurance Through Your Employer"
4. Choose Your Network "Superior Select Midwest"
5. Click on "Find Providers"

GROUP TERM LIFE AND AD&D BENEFITS

The Standard

City Provided Basic Term Life & Accidental Death & Dismemberment Insurance (AD&D)

Class 1 – All Employees	1x salary rounded up to next \$1,000, up to a maximum of \$100,000
AD&D Coverage – Employee Only	100% of an employee's Basic Life amount

Voluntary Supplemental Term Life and AD&D Insurance

Employee Coverage (\$10,000 increments)	\$500,000 Maximum (\$10,000 increments) Note: No medical evidence is required if enrolled within <u>30 days</u> of hire; \$300,000 maximum. Medical evidence is required if late enrollee or if applying for more than \$300,000 maximum.
Spouse Coverage (\$5,000 increments)	\$250,000 Maximum Note: No medical evidence is required if enrolled within <u>30 days</u> of hire; \$40,000 maximum. Medical evidence is required if late enrollee or if applying for more than \$40,000 maximum.
Child Coverage	\$15,000 Maximum

Employee & Spouse (Buy-Up Option) Age Banded Rates, Per \$1,000

(Includes AD&D)

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
RATES	\$0.062	\$0.097	\$0.132	\$0.167	\$0.202	\$0.237	\$0.272	\$0.682	\$1.087	\$2.020

Calculation example: Employee age 36 Buy-Up Amount: \$100,000/1000 = \$100 x age based rate \$.132 = \$13.20/2 = \$6.60
Bi-weekly Premium

VALUE-ADDED BENEFITS

Life Services Toolkit: Employees enrolled in Standard's Life insurance are automatically enrolled in the Life Services Toolkit benefit. Resources are automatically available to insured employees and their beneficiaries can access to comprehensive online resources. Beneficiaries can consult experts by phone or in person, and obtain information online. These services are available to insured employees and their beneficiaries for 12 months after the date of death, and include:

EMPLOYEE BENEFITS	BENEFICIARY BENEFITS
<ul style="list-style-type: none"> ○ Estate Planning Assistance ○ Funeral Arrangements ○ Identity Theft Prevention ○ Financial Planning ○ Health and Wellness Resources 	<ul style="list-style-type: none"> ○ Grief Support ○ Legal Services ○ Financial Counseling ○ Support Services (i.e. funeral or memorial service planning) ○ Online Resources

Travel Assistance: Travel Assistance, provided through an arrangement with a service provider that is not affiliated with The Standard, is available if you are enrolled in the Standard's Life Insurance coverage. This benefit provides travel assistance to you and your immediate family members when you're traveling 100 or more miles from home for up to 180 days (domestically or internationally, and for business or pleasure).

DISABILITY BENEFITS

Active full-time employees working at least 37.5 hours per week are eligible for coverage. Long Term Disability (LTD) covers injuries and illnesses, both work and non-work related. Employees have 2-voluntary LTD plan options; each provides 60% of pre-disability earnings up to \$6,000 a month. For the benefit waiting period and the first twenty-four months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder: You are unable to perform with reasonable continuity the material duties of your own occupation, and you suffer a loss of at least 20 percent of your pre-disability earnings when working in your own occupation. You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or license. After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

OPTION 1: Benefit payments begin after a 90-day elimination period

OPTION 2: Benefit payments begin after 180-day elimination period

This benefit will extend beyond 24-months only if employee cannot perform with reasonable continuity the material duties of any occupation. Once the claim is approved the employee is eligible to receive LTD benefits starting on day 90 or 180 after the date disability began depending on the chosen plan option. If you become disabled before age 62, Long Term Disability benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins. Benefits may be reduced if receiving income from other sources – the following are examples of other sources of income. Please refer to the group Certificate for plan specifics.

- Any government retirement system earned as a result of working for your current employer
- Any Social Security benefits or similar plan or Act
- Earnings from any form of employment
- Sick Leave
- Any disability or retirement benefit received under a retirement plan
- Workers Compensation
- Payment from Statutory Disability Plans

PLAN OPTION 1: 90-DAY ELIMINATION PERIOD

Employee Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Cost per \$100 of covered monthly payroll	\$0.104	\$0.150	\$0.227	\$0.356	\$0.524	\$0.718	\$0.852	\$0.833

- Example**
- $\$36,000/12 = \$3,000$ (Covered Monthly Payroll)
 - $\$3,000/100 \text{ Units} = 30$ (Number of \$100 units of monthly covered Payroll)
 - $\$30 \times .227 \text{ (age 35 rate)} = \6.81 Cost per month or \$3.41 per paycheck
 - $(\$6.81 \times 12 \text{ months} / 24 \text{ pay periods}) = \3.41 per pay check cost

PLAN OPTION 2: 180-DAY ELIMINATION PERIOD

Employee Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Cost per \$100 of covered monthly payroll	\$0.086	\$0.127	\$0.194	\$0.309	\$0.446	\$0.645	\$0.740	\$0.747

- Example**
- $\$36,000/12 = \$3,000$ (Covered Monthly Payroll)
 - $\$3,000/100 \text{ Units} = 30$ (Number of \$100 units of monthly covered Payroll)
 - $\$30 \times .194 \text{ (age 35 rate)} = \5.82 Cost per month or \$2.91 per pay check ($\$5.82 \times 12 \text{ months} / 24 \text{ pay periods} = \2.91 per pay check cost)

VALUE-ADDED BENEFITS

Employee Assistance Program: If you are enrolled in The Standard's Long Term Disability plan, you and your immediate family will have access to the Employee Assistance Program (EAP). You are eligible to receive up to 3 face-to-face sessions per issue, by phone or in person. All of the clinicians have Master's degrees. Visit:

www.workhealthlife.com/Standard3 to learn more.

FINANCIAL & MENTAL WELLNESS BENEFITS

WISCONSIN RETIREMENT SYSTEM (WRS)

The Wisconsin Retirement System covers employees of the State of Wisconsin and local government employers. Administered by the Department of Employee Trust Funds (ETF), this plan is rated as one of the top retirement plans in the United States. Contributions begin as of the date of hire for eligible employees. Elected officials, general employees and protective employees pay 50% of the general contribution rate. For more information regarding the Wisconsin Retirement System, please visit the WRS website.

Employment Category	Employee Contribution	City Contribution
General Employee	6.50% of earnings	6.50% of earnings
Protective with Social Security	6.50% of earnings	12.00% of earnings
Protective without Social Security	6.50% of earnings	16.40% of earnings
Elected Official	6.50% of earnings	6.50% of earnings

DEFERRED COMPENSATION

The City of Green Bay participates in two Section 457 deferred compensation plans administered by Wisconsin Deferred Compensation (WDC) and ICMA. These plans allow you to save and invest funds for retirement while deferring Federal and State income taxes until retirement. Contact WDC or ICMA directly for questions about their deferred compensation plan. Enrollment and changes to your plan can be made at any time by submitting the enrollment/change form to HR. Contact information can be found on the last page of the employee benefit booklet. 2022 maximum contribution limits are listed below.

Plan	2022 Contribution Limit
Annual Deferral Limit for 457 Plans	\$20,500
Pre-Retirement Catch-Up Limit	\$20,500
Age 50 Catch-Up Limit	\$ 6,500

EMPLOYEE ASSISTANCE PROGRAM

In today's complex world, we all can use assistance every now and then. The City of Green Bay's Employee Assistance Program (EAP), administered by Employee Resource Center (ERC), provides confidential, professional counseling services to help resolve personal concerns that affect your family life, health or work life. The City sponsors this program and there is **no cost** to you or anyone that lives in your household for your counseling visits. You are allowed **8 FREE sessions** per issue, per year. Why pay out of pocket, spend your health care savings dollars or tap into your insurance benefits when you can receive high-quality, confidential counseling services at no cost through your EAP?

Please reference the flyer on the next page to learn more.

Employee Assistance Program (EAP)

At **ERC: Counselors & Consultants**, we commit ourselves every day to helping lift the mental burdens that hold you back from your full potential.

- We provide **short-term counseling and mental health support services** for you, your dependents, and those in your immediate household.
- There's **no cost or co-pays to you**, and we are not tied to your insurance. Your employer sponsors this mental health benefit.
- All services are **strictly confidential** and no identifying information is provided to your employer. ERC is HIPAA compliant.
- We have our **own team of licensed counselors** as well as a network of propriety counselors throughout the nation to assist you wherever you are located.

How to Use Your Employee Assistance Program



1. Recognize an Issue

We assist people with a variety of concerns, such as marriage/couple issues, parenting, stress & anxiety, depression, grief, family dynamics, and much more.



2. Schedule an Appointment

If you are struggling with an issue, call ERC at 1-800-222-8590 to make an appointment with a counselor. Your free and confidential EAP benefit can include telephonic, video, and/or face-to-face counseling.



3. Talk with a Counselor

During your counseling sessions, your counselor and you will talk about your concerns and develop an ongoing plan for meeting your mental health goals.

We are **available when you need us**. There's one number to call, and we always answer the phone no matter the day or time.

1-800-222-8590 | ERCincorp.com



PRE-TAX SAVINGS

HEALTH SAVINGS ACCOUNT

The City of Green Bay offers a medical plan that features an HSA – the High Deductible Health Plan. An HSA is an investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

If you are enrolled in the High Deductible Health Plan option, you may open an HSA account with the bank or institution of your choice.

The City of Green Bay will contribute up to \$500 for single coverage and up to \$1,000 for family coverage.

HOW THE HSA WORKS

MONEY GOES IN	Pretax contributions* from you, up to a total of: <ul style="list-style-type: none">○ \$3,650 for individual coverage○ \$7,300 if you enroll your spouse and/or child(ren).○ An extra \$1,000 if you are age 55 or older
MONEY GOES OUT	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you've accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans' deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
HAVE MONEY LEFT? IT ROLLS OVER!	Any money left in your account is yours to pay for health care in the future. There's no deadline and no limit on how large your account can grow. If you leave the City of Green Bay, you can take it with you.

* If you're enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

** The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

HSA ELIGIBILITY

- You must be enrolled in a HDHP
- You cannot have any other "impermissible coverage" which includes a spouse's non-HDHP plan or FSA coverage
- You or your spouse cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person's tax return

PRE-TAX SAVINGS (continued)

With a Flexible Spending Account (FSA), you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

- ✓ The City will allow the statutory maximum (\$570) of unused funds remaining in your (FSA) to be rolled over to the subsequent Plan Year.

The City of Green Bay offers three types of FSAs administered by Employee Benefits Corporation (EBC).

TRADITIONAL HEALTH CARE FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care and vision care. You're ***not*** eligible for the Traditional Health Care FSA if you are currently contributing to a Health Savings Account.

LIMITED HEALTH CARE FSA

The expenses that are reimbursed by this FSA are limited to dental and vision care expenses in the plan year only. You're eligible if you're enrolled in the High Deductible Health Plan Option; use the Limited Health Care FSA along with a Health Savings Account (HSA) and maximize your tax savings!

TRADITIONAL AND LIMITED FSA CONTRIBUTION LIMITS

The City of Green Bay follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for both the Traditional Health Care FSA and Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$2,850. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$2,850 cap.

DEPENDENT CARE FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You can't contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

2022 PAYROLL CALENDAR

PAY PERIOD	PR #	(B)/Water Pay Date	Health/Dental Vision/Life/LTD Deductions		PR #	(B1) Pay Date	Health/Dental Vision/Life/LTD Deductions
Dec 5– Dec 18	26	December 23	(December – Half)		26	December 30	No Deductions
Dec 19 – Jan 1, 2022	1	January 6, 2022	(January – Half)		1	January 13, 2022	(January – Half)
Jan 2 – Jan 15	2	January 20	(January – Half)		2	January 27	(January – Half)
Jan 16 – Jan 29	3	February 3	(February - Half)		3	February 10	(February - Half)
Jan 30 – Feb 12	4	February 17	(February - Half)		4	February 24	(February - Half)
Feb 13 – Feb 26	5	March 3	(March - Half)		5	March 10	(March - Half)
Feb 27 – March 12	6	March 17	(March - Half)		6	March 24	(March - Half)
March 13 – March 26	7	March 31	No Deductions		7	April 7	(April - Half)
March 27 – April 9	8	April 14	(April - Half)		8	April 21	(April - Half)
April 10 – April 23	9	April 28	(April - Half)		9	May 5	(May - Half)
April 24 – May 7	10	May 12	(May - Half)		10	May 19	(May - Half)
May 8– May 21	11	May 26	(May - Half)		11	June 2	(June - Half)
May 22 – June 4	12	June 9	(June - Half)		12	June 16	(June - Half)
June 5 – June 18	13	June 23	(June - Half)		13	June 30	No Deductions
June 19 – July 2	14	July 7	(July - Half)		14	July 14	(July - Half)
July 3 – July 16	15	July 21	(July - Half)		15	July 28	(July - Half)
July 17 – July 30	16	August 4	(August - Half)		16	August 11	(August - Half)
July 31 – Aug 13	17	August 18	(August - Half)		17	August 25	(August - Half)
Aug 14 – Aug 27	18	September 1	(September - Half)		18	September 8	(September - Half)
Aug 28 – Sept 10	19	September 15	(September - Half)		19	September 22	(September - Half)
Sept 11 – Sept 24	20	September 29	No Deductions		20	October 6	(October - Half)
Sept 25 – Oct 8	21	October 13	(October - Half)		21	October 20	(October - Half)
Oct 9 – Oct 22	22	October 27	(October - Half)		22	November 3	(November - Half)
Oct 23 – Nov 5	23	November 10	(November - Half)		23	November 17	(November – Half)
Nov 6 – Nov 19	24	*November 25	(November - Half)		24	December 1	(December – Half)
Nov 20 – Dec 3	25	December 8	(December – Half)		25	December 15	(December – Half)
Dec 4 – Dec 17	26	December 22	(December – Half)		26	December 29	No Deductions
Dec 18 – Dec 31, 2022	1	January 5, 2023	(January – Half)		1	January 12, 2023	(January – Half)

Please Note: Deferred Comp deductions are taken from 26 pay periods.

(B): Administrative Services, Common Council, Community & Economic Development, Fire, Human Resources, Law, Mayor, Municipal Court, Police, Public Works Engineering Division.

(B1): Parks, Recreation & Forestry, Public Works Operations, Parking, Sewer and Storm Divisions, and Transit.

** Pay date is Friday (Thursday 11/24/22 is Thanksgiving, which is our normal pay date and banks are closed)*

QUICK REFERENCE GUIDE

COVERAGE	CARRIER	CONTACT
Medical	UMR	800.826.9781 www.umar.com
Family Savings Plan	Network Health	1.877.872.4232
Prescription Drugs	Optum Rx	877.559.2955 Mail Order: 877.390.9200
Organ Transplant Carrier	OptumHealth Care Solutions	877.801.3507
Occupational Health Nurse	The City of Green Bay	920.448.3127 lorikr@greenbaywi.gov
Wellness Coordinator	The City of Green Bay	920.448.3101 amberva@greenbaywi.gov
Dental	Dental Associates	920.431.0345 www.dentalassociates.com
	Delta Dental of WI	800.236.3712 www.deltadentalwi.com claims@deltadentalwi.com
Voluntary Vision Insurance	Superior Vision Ins. of WI	800.883.5747 www.visionplans.com
Group Term Life & AD&D, Supplemental Term Life	The Standard	888.937.4783 www.standard.com
Voluntary Long Term Disability	The Standard	888.937.4783 www.standard.com
Employee Assistance Program	Employee Resource Center	800-222-8590 Ercincorp.com
Flexible Spending Account	Employee Benefits Corporation (EBC)	800.346.2126 www.ebcflex.com
	ICMA-RC	ICMA-RC: 800.669.7400 www.icmarc.org
Deferred Compensation 457 Plan	WI Deferred Compensation	877.457.9327 www.wdc457.org
Retirement Plan	WI Retirement System (WRS)	877.533.5020 www.eft.wi.gov
Human Resources	The City of Green Bay	920.448.3147 humanresources@greenbaywi.gov

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

REQUIRED FEDERAL NOTICES

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Joe Faulds, Human Resources Director, Joseph.Faulds@greenbaywi.gov or 920-448-3356.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of Notice: 01/01/2022

Who will follow this notice:

This notice describes the health information practices of City of Green Bay (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your Medical, Dental, and FSA benefits.

Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to City of Green Bay (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Joe Faulds, Human Resources Director. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual: Joe Faulds, Human Resources Director, Joseph.Faulds@greenbaywi.gov or 920-448-3356.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Joe Faulds, Human Resources Director, Joseph.Faulds@greenbaywi.gov or 920-448-3356. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Joe Faulds, Human Resources Director, Joseph.Faulds@greenbaywi.gov or 920-448-3356.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Joe Faulds, Human Resources Director, Joseph.Faulds@greenbaywi.gov or 920-448-3356.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Joe Faulds, Human Resources Director, Joseph.Faulds@greenbaywi.gov or 920-448-3356.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy- related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Green Bay and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Green Bay has determined that the prescription drug coverage offered by City of Green Bay is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current City of Green Bay coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Green Bay coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with City of Green Bay and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact Joe Faulds, Human Resources Director, Joseph.Faulds@greenbaywi.gov or 920-448-3356. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Green Bay changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you are eligible for depends on your household income.

DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the “minimum value”¹ standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹

An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MARKETPLACE COVERAGE NOTICE (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: City of Green Bay
Employer Identification Number (EIN): 39-6005458
Employer Address: 100 N. Jefferson Street, Green Bay, WI 54301
Employer Phone Number: 920-448-3356
Who can we contact about employee health coverage at this job? Joe Faulds

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website:
<http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website:
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado

(Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program
(HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

CHIP (continued)

GEORGIA – Medicaid

A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/> Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/> Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx> Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms> Phone: 1-800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP> Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov> Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov> Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oi/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

CHIP (continued)

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html> CHIP Phone:
1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html> Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website:
<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip> Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/> Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

CHIP (continued)

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Joe Faulds, Human Resources Director, Joseph.Faulds@greenbaywi.gov or 920-448-3356, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

